

Please affix this form to a manila envelope containing medical information. Do not file these documents. Submit the unsealed envelope when filing your petition for adoption with Legal Documents or to the Family Court Adopiton Clerk if presented after the petition has been filed.

IN THE FAMILY COURT OF THE FIRST CIRCUIT

STATE OF HAWAII

In the Matter of Adoption of)	FC-A NO.
)	
A <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE CHILD,)	
Born on: _____)	
A <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE CHILD,)	
Born on: _____)	
A <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE CHILD,)	
Born on: _____)	
A <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE CHILD,)	
Born on: _____)	
)	
by)	
)	
_____)	
<input type="checkbox"/> the legal spouse of <input type="checkbox"/> and)	
_____)	
<input type="checkbox"/> the child(ren)'s legal parent)	
<input type="checkbox"/> husband and wife <input type="checkbox"/> an unmarried person)	
)	
Petitioner(s).)	
_____)	

Included in this envelope are the following forms:

☐ Medicial Information Form for:

☐ Natural Mother
☐ Natural Father

☐ Medical Record Release of the above data for:

☐ Natural Mother
☐ Natural Father

☐ Mother's medical records of the child(ren)'s birth and mother's release of these records